

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="border: 1px solid black; padding: 2px;">09-622452</div>		FILING DATE <div style="border: 1px solid black; padding: 2px;"></div>	
						APPLICANT(S) <div style="border: 1px solid black; padding: 2px;"></div>			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		INC.	DEP.
1	/						51		
2		/					52		
3		/					53		
4		/					54		
5		/					55		
6		/					56		
7		/					57		
8	/						58		
9		/					59		
10		/					60		
11		/					61		
12	/						62		
13		/					63		
14		/					64		
15		/					65		
16		/					66		
17		/					67		
18		/					68		
19	/						69		
20		/					70		
21		/					71		
22		/					72		
23	/						73		
24		/					74		
25		/					75		
26		/					76		
27		/					77		
28		/					78		
29		/					79		
30		/					80		
31	/						81		
32		/					82		
33	/						83		
34		/					84		
35		/					85		
36		/					86		
37		/					87		
38	/						88		
39		/					89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	8						TOTAL IND.		
TOTAL DEP.	31						TOTAL DEP.		
TOTAL CLAIMS	39						TOTAL CLAIMS		